

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041365

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 360

FILED OCT 16 1962

Primary Registration District No. 6225

Registrar's No. 141

STATE FILE NUMBER

VS 300  
Rev. 4/59

11080

20425

3

4 0

5 3

6

7 0

8 2

9491X

10

11

12 93-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Nevada

Length of stay in 1b

4 days

c. FULL NAME OF (If NOT in hospital, give location),  
HOSPITAL OR INSTITUTION State Hospital #3

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Henry

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN Clintond. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First George

Middle L.

Last HURR

4. DATE  
OF DEATH

Month 10

Day 7

Year 62

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☐Never Married ☐Widowed ☐Divorced ☒

## 8. DATE OF BIRTH

6-23-07

## 9. AGE (last birthday)

55

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

no information

## 10b. KIND OF BUSINESS OR INDUSTRY

no information

## 11. BIRTHPLACE (City and state or country)

Stover, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Columbus F. Hurr

## 13b. MOTHER'S MAIDEN NAME

no information

## 14. NAME OF HUSBAND OR WIFE

Archie Garrius

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

unknown

## 16. SOCIAL SECURITY NO.

unknown

## 17. INFORMANT

Hospital records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

Bronchopneumonia, cause

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)  
Acute brain syndrome assoc with alcoholismPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-4-62 to 10-7-62 and last saw him alive on 10-6-62

Death occurred at 1255 A on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Nevada, Mo

## 22c. DATE SIGNED

10-7-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

10/8/62

## 23c. NAME OF CEMETERY OR CREMATORY

Washington University

## 23d. LOCATION (City, town, or county)

St. Louis 10, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Nevada,

## 25. DATE RECD. BY LOCAL REG.

Missouri 10-13-1962

## 26. REGISTRAR'S SIGNATURE

Anna &amp; Jerry

Eichinger-Milster Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Servey F. Melstis*

Licensed Embalmer No. 4805

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.